

# Kentucky Prepares

## Pandemic Influenza Planning

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William D. Hacker, M.D., F.A.A.P., C.P.E.

Commissioner

Department for Public Health



# Integrating Levels of Response Plans

- **International:** WHO Pandemic Influenza Plan
- **National:** HHS Pandemic Influenza Plan (11/05)
- **State:** Kentucky's Pandemic Influenza Plan  
(since 2003 and updated regularly)
- **Local:** local health departments, communities,  
and HRSA planning regions
- **Individual:** citizens' and families' plans

# All-Hazards Approach to Planning in KY

- Pandemic plans are a subset of State/Local Public Health's Disaster Response and Recovery Plan
- Flexible, yet comprehensive plans
- Plans must be exercised and updated, not left on a shelf
- Pandemic planning is the “ultimate plan”: if prepared for a **pandemic**, we can respond to any communicable disease threat

# Planning Assumptions

- **Pandemic is NOT preventable**
- **Universal susceptibility to novel virus**
- **Pandemic outbreak will last 6 - 8 weeks**
- **Multiple (2 – 3) pandemic waves are likely**
- **Clinical disease attack rate**
  - up to 30% children (40%); adults (20%)

# Planning Assumptions

- **Half of those ill seek outpatient medical care**
- **Hospitalization/death rates up to 10-fold variation depending upon virulence of virus**
- **Demand for services will exceed supply, non-traditional interventions may be required**

# Possible Impact of Pandemic in KY\*

- **Health**

- **Deaths: 3000 – 7000**
- **Hospitalizations: 9,200 – 21,400**
- **Outpatient visits: 455,000 – 1.06 million**

- **Economic**

- **Infrastructure: Thousands at home either ill or caring for the ill**
- **Agricultural: if pandemic strain is avian flu**

\*Model assumes attack rates of 15-35 % and is based on the 1968 pandemic, and a US population of 290 million persons. Meltzer M, et al. Emerging Infectious Diseases 1999;5:659-671.

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# Key Components of Pandemic Planning

- **Surveillance systems**
- **Quarantine / isolation procedures**
- **Public health personnel (staff + training)**
- **Medical surge capacity (staff + equipment)**
- **Predetermined Priority Groups as antivirals drugs and/or vaccine becomes available**
- **Distribution systems (e.g. Strategic National Stockpile)**
- **Government / Business contingency plans**

# Pandemic Planning Committee

- From CHFS (28):
  - Director of Div. of Epi.
  - Preparedness Branch (9)
  - Communicable Dis. Br. (5)
  - Immunization Br. (3)
  - Lab (3)
  - CDC Epidemiologist
  - DPH Veterinarian
  - Vital Statistics (2)
  - Local Health Operations
  - Public Health Protection and Safety
  - Div. of Communications
- Other agencies (14 ):
  - Local Health Dept. (3)
  - KyEM (2)
  - KOHS
  - UK
  - UL
  - Lexington MMRS
  - Louisville MMRS
  - Northern KY MMRS
  - US Army (Fort Campbell)
  - Justice Cabinet
  - State Representative

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# DPH Flu Surveillance Activities

- **Kentucky state statutes require reporting of communicable diseases to DPH**
  - Reports are analyzed by regional epidemiologists and by local “Epidemiology Rapid Response Team” members
- **Participation in the “122 Cities Influenza and Pneumonia Mortality System”**
- **Participation during flu season in the “State and Territorial Epidemiologists Report”**

# DPH Flu Surveillance Activities

- **Each week, 11 Kentucky “Sentinel physicians” and 20 local sentinel health departments report influenza-like illnesses to DPH and we report to CDC**
- **DPH Lab is one of 75 “WHO Collaborating Laboratory Surveillance” facilities**

# Kentucky's Strengths

- Long tradition of collaboration across a tightly knit state: state/local and public /private health
- “Pop Quizzes” test our response plans: West Nile virus, anthrax threats, SARS, tornados, chemical spills, Katrina, etc...
- Innovations in Public Health Information technology: telehealth, Health Alert Network, and e-Health Board
- Strategic National Stockpile plan (CDC telecast 4/05)

# Collaborative Planning Partners

- **State and Local Public Health**
- **Private Healthcare professionals (hospitals, physicians, pharmacist, EMS, etc.)**
- **Kentucky Emergency Management (state/local)**
- **Kentucky Department of Agriculture**
- **Kentucky Office of Homeland Security**
- **Kentucky Law Enforcement (Justice Cabinet)**
- **Government Officials ( state/local)**
- **Kentucky National Guard (41<sup>st</sup> Civil Support Team)**

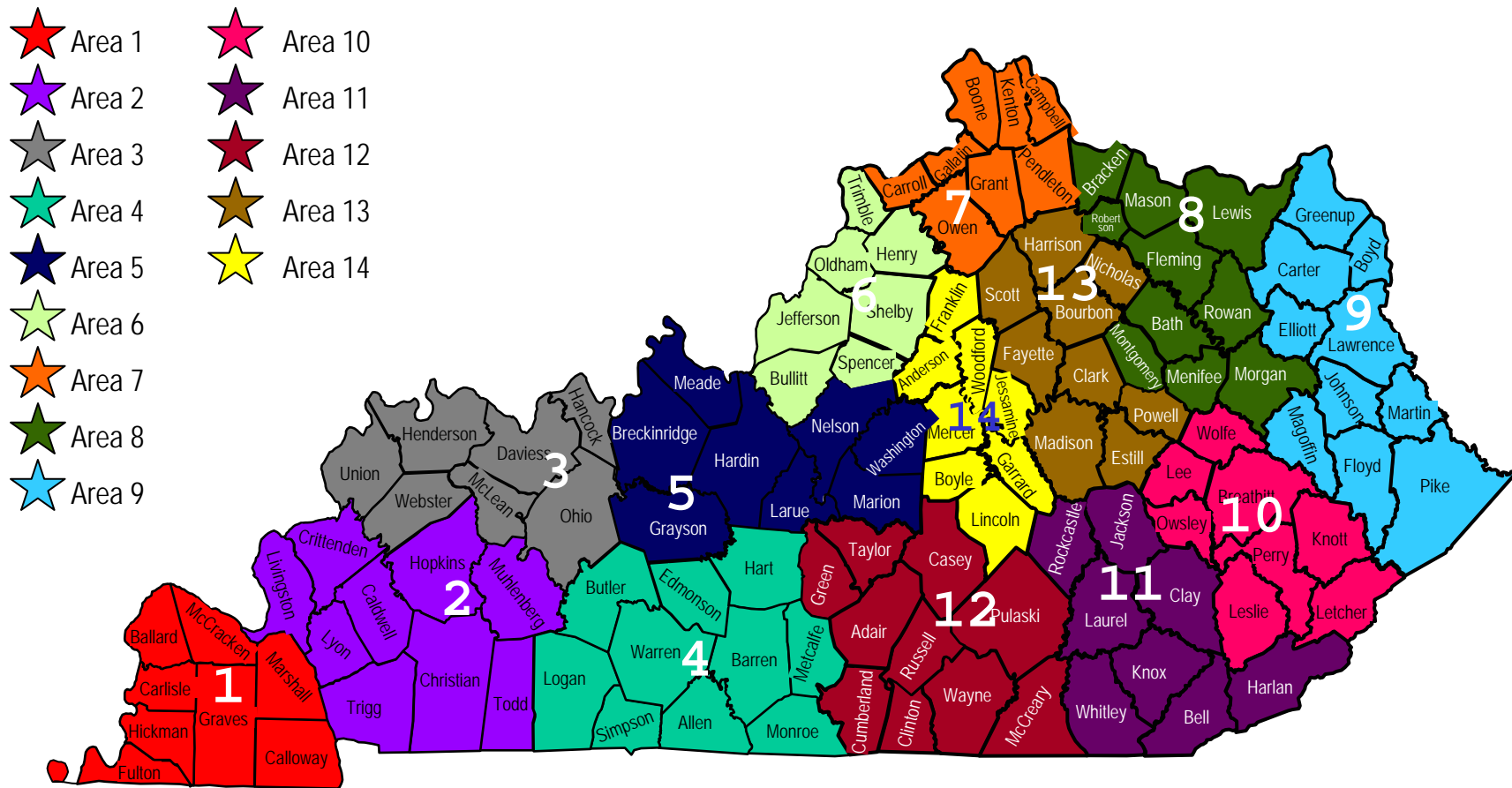
# Bioterrorism Advisory Committee

- State/Local Public Health
- Hospitals
- Physicians
- Academic Medical Centers
- KY EMS
- Kentucky Veterinary Medical Association
- Dept. of Agriculture
- KyEM
- KY Office of Homeland Security
- American Red Cross
- Primary Care Association
- Office of Rural Health
- KY Community Crisis Response Board
- Dept. for Local Government
- Office of Aging
- KY Labor Cabinet
- Natural Resources and Environmental Protection Cabinet
- Kentucky Fire Commission
- VA and Fort Knox
- MMRS Regions
- HRSA Advisory Committee

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# HRSA Regions



# Challenges

- **Some decisions cannot be made until the science (epidemiology) of the actual pandemic unfolds**
- **Unknown if antiviral drugs will be effective**
- **Likely limited availability of effective vaccine early in pandemic; priority groups a necessity**
- **Surge capacity limited; must depend on routine public health interventions, for example...**

# Challenges

- **“Social Distancing”**
  - sheltering at home - a “snow day” concept, telecommuting to work/school
- **Successful response requires plans that work--- plans must be tested and updated regularly**



# Lessons Learned from Recent Events

- Public may not prepare even if repeatedly warned
- Real disasters may be worse than expected
- Outside help may be delayed in coming
- Concerns over health and safety of their family will affect responders
- Communications and logistics are critical success factors
- Impact may be both medical **and** economic

# How every Kentuckian can prepare. . .

## **Advice for both seasonal and pandemic influenza**

- **Develop an “all hazards” emergency preparedness family plan**
- **Get a flu shot each fall**
- **Wash hands frequently**
- **Cough / sneeze into tissue or elbows**
- **Avoid crowds during outbreaks**
- **If sick stay home from work / school**

# A Pandemic Effect on Kentuckians

- **Goal: prevent illness and death, and preserve critical community infrastructures**
- **Mother Nature does not “aim”; all are at risk**
- **The public/private health care system can not protect us from a pandemic**
- **We must respect the potential impact a Pandemic poses to all parts of society**
- **Therefore all sectors must participate in planning, exercising, and responding**

# Closing Thoughts

- **A pandemic does not appear imminent at this time**
- **Do not panic, but do get prepared**
- **Another pandemic will occur, we just don't know when**
- **A prepared community is stronger**
- **Next step: engage with your local health department to hold a community wide summit to address these issues**